## EXHIBIT C

NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense anising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503    Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	DISTRICT OF MEYADA  Name of Debtor	PROOF OF CLAIM  Case Number		YOUR CL Schedule/Claim		
This form should not be used to make a claim for an administrative expense among after the case A. Prospect ("or paymont of an administrative expense may be filled pursuant to 11 U.S.C.\$ 503.  Name of Creditor and Address."	USA Commercial Mortgage Company	06-10725-LBR				
Last four dights of account or other number by which credition identifies debtor   Check here   If this claim   Image:   If this claim   If this claim   Image:   If this claim   If this claim	This form should not be used to make a claim for an administrative expens arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address  ABRAMS LIVING TRUST DTD 10/23/96 C/O ANNE E ABRAMS TRUSTEE 10490 WILSHIRE BLVD APT 703		of an  aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the		scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have nother claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingen Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the	
Sasis For CLAIM	Last four digits of account or other number by which creditor identifies	debtor	CHECK HOLE	Ces a previousl		
CLASSIFICATION OF CLAIM   Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Secures sade for important explanations   Check this box if a) there is no collateral or lien securing your claim is entitled to princhly   Check this box if a) there is no collateral or lien securing your claim is entitled to princhly   Check this box if a) there is no collateral or lien securing your claim is entitled to princhly   Check this box if you have an unsecured claim all or part of which is entitled to princhly   Check this box if you have an unsecured claim all or part of which is entitled to princhly   Check this box if you have an unsecured claim all or part of which is entitled to princhly   Check this box if you have an unsecured claim all or part of which is entitled to princhly   Check this box if you have an unsecured claim all or part of which is entitled to princhly   Amount of air earning and other charges at time case filed included in secured claim if any   Secure of the claim   Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)   Up to § 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(5)   Taxes or penalties owed to governmental unts 11 U S C § 507(a)(5)   Other Specify applicable paragraph of 11 U S C § 507(a)(5)   Taxes or penalties owed to governmental unts 11 U S C § 507(a)(5)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify applicable paragraph of 11 U S C § 507(a)(6)   Other Specify appli	1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes	Wages Last four	penefits as defined in 11 U S salaries and compensation or digits of your SS #	C § 1114(a) (fill out below)	Unremitted principal Other claims against service (not for loan balances)	
UNSECURED NONPRIORITY CLAIM \$	2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date) (date)	
AT TIME CASE FILED  (unsecured)  (secured)  (pnonty)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.  8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn. USACM Claims Docketing Center  P. O. Box 911  El Segundo CA 90245  DATE  SIGN and pant the name and title if any of the creditor or other person authonized to file	UNSECURED NONPRIORITY CLAIM \$		Check this box if year inght of setoff) Brief description of Real Estate Value of Collateral Amount of arrearage as secured claim if any  Up to \$2 225 of deposits towas services for personal family of Taxes or penalties owed to go Other Specify applicable para Amounts are subject to adjust with respect to cases comment	Motor Vehicles  mod other charges  and purchase lease or household use 1  vernmental units agraph of 11 U S C  streent on 4/1/07 ar	e Other  s at time case filed included in  or or rental of property or 1 U S C § 507(a)(7)  11 U S C § 507(a)(8)  § 507(a) ( )  nd every 3 years thereafter date of adjustment	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary.  8 DATE-STAMPED COPY To receive an acknowledgment of the filling of your claim enclose a stamped self addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  8Y HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn USACM Claims Docketing Center  P. O. Box 911  El Segundo CA 90245 0911  SIGN and print the name and title if any of the creditor or other person authonized to file.	AT TIME CASE FILED	(5		( pnority)		
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY MAIL TO  BMC Group  Attn USACM Claims Docketing Center  P O Box 911  El Segundo CA 90245 0911  SIGN and print the name and title if any of the creditor or other person authorized to file	Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.  8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this.					
1072501711	USE ONLY LED DEC 11 2006  USA CMC					

GAPLENS Case 06-10725-gwz Doc 8672-	3 Ent	ered 07/20/11 11:5	9:32 Pag	<u>le 3 of 10</u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Nur	mber	Schedule/Claim II	D s31879
	06-107	25-LBR	Amount/Classifica	ation
USA Commercial Mortgage Company	00-107	23*LDR	\$1 699 89 Unseci	ured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative e pense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address  ADDES TRUST C/O KENNETH ADDES & VICTORIA ADDES CO TRUSTEES 100 W BROADWAY APT 7V LONG BEACH NY 11561 4019		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts refle	cted above constitute your claim as
		to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the		
Creditor Telephone Number (676) 897-3810/3820		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 5801	debtor	Check here replain or if this claim amer	a previously	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death	Wages s	salaries, and compensation	(fill out below)	Other claims against servicer
Services performed Taxes		digits of your SS #	·	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid co	ompensation for services pe	erformed from	to (date) (date)
2 DATE DEBT WAS INCURRED 4/13/06		OURT JUDGMENT, DATE (		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describ	e your claim and state the amou	nt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$ 4774.54  Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim ir claim is	SECURED CLAIM  Check this box if y a right of setoff)  Brief description of		ured by collateral (including
UNSECURED PRIORITY CLAIM  Real Estate			e	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$ 1699,89				000,000
1		Amount of arrearage a secured claim if any		at time case filed included in
Specify the priority of the claim  Demostra support obligations under 11 H.S.C. 6 507(a)(1)(A) or (a)(1)(B)	F			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		- ',','
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable para	agraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 4774, 54 \$	48	300.10 \$ //	99 99	\$ 54 174 54
AT TIME CASE FILED (unsecured)		ecured)	( pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	-		,,	` '
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	agreement	ts and evidence of perfectio	n of lien DO No	voices itemized statements of OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units)	n, prevailin corporatio	ng Pacific time, on Novembons, joint ventures, trusts a	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO BMC Group BMC Group				
Attn USACM Claims Docketing Center	Attn USA	.CM Claims Docketing Cente	er	FILED 350 0 8 200
P O Box 911 El Segundo CA 90245 0911		t Franklin Avenue do CA 90245		
DATE  SIGN and print the name and title if any of the this claim (attach copy of power of attorn  A 2 0 6 Female House	e credituor o			USA CMC
70.00	-/			1072501622

Penalty for presenting fraudulent claym is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Case Ugalu/ASEDW25/PROCEDURA	<u>1346</u> 28	TABLES OF ALEMAZARD VALLATIONS	o9132 <sub>de</sub> Hag	<u>e44 of 10</u>	
UNITED STATES BANKER (7) ROLL   PROPERTY   P	PROOF OF CLAIM				<b>2</b> 2
Name of Debtor:	Case Nu	mber:	-1-		
	06-107	725-LBR	사를	~ ~	Sandani.
USA Commercial Mortgage Company	00-10	23-LDR	사회사	ພ .	
			1.0	U.	Comments
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	BEING SERVICE	
Name of Creditor and Address:	6	statement giving particulars.  Check box if you have	OF CLAIM. THIS	OO <u>NOT</u> HAVE TO INCLUDES MONE LD IN THE COLLE	
BAKER, SIGFRIED 8057 LANDS END		never received any notices from the bankruptcy court or	DO NOT FILE THE	IS PROOF OF CLA	AIM FOR A
LAS VEGAS NV 89117		BMC Group in this case.	SECURED INTER		WER THAT IS NOT
		Check box if this address differs from the address on the		eady filed a proof o	f claim with the
		envelope sent to you by the	Bankruptcy Court	or BMC, you do no	ot need to file again.
Creditor Telephone Number (702 & 73 - 9/42		court.	THIS SPAC	E IS FOR COUR	RT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here repla	2 Proviouely	filed claim dated	4.
		if this claim amer	nds	med daim dated	4
1. BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted	principal
Goods sold Personal injury/wrongful death	-	salaries, and compensation	fill out below)	Other claim	ns against service in balances)
Services performed Taxes  Money loaned Other (describe briefly)		r digits of your SS #: 6 compensation for services pe	offormed from:	·	•
	Olipaid	compensation for services pe	monnog nom.	to (date)	(date)
2. DATE DEBT WAS INCURRED: 6-30 -2005		OURT JUDGMENT, DATE O			
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	t best descr	ibe your claim and state the amo	unt of the claim at t	he time case filed.	
See reverse side for important explanations.		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b)	verus eleien	Check this box if y	our claim is secur	red by collateral	(including
exceeds the value of the property securing it, or if c) none or only part of you	our claim is	a right of setoff).			
entitled to priority.		Brief description of	f collateral:		
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is		Real Estate	☐ Motor Vehicle	Other	
entitled to priority.		Value of Collateral	: \$ <u>90</u>	00 <i>00</i> 0	2
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:	nd other charges	at time case file	ni bebulani <u>be</u>
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	_			
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	<b>└</b> ' _	Up to \$2,225* of deposits tow services for personal, family, o			
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	F		overnmental units - 11 U.S.C. § 507(a)(8). agraph of 11 U.S.C. § 507(a) ().		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L-	* Amounts are subject to adju	stment on 4/1/07 an	nd every 3 years the	ereafter
5. TOTAL AMOUNT OF CLAIM \$ \$		with respect to cases commer	nced on or after the	gate of adjustment	- <del> </del>
AT TIME CASE FILED: (unsecured)		secured)	( priority)	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Total)
Check this box if claim includes interest or other charges in addition to the		•	,	of all interest or add	, ,
<ol> <li>CREDITS: The amount of all payments on this claim has been creed.</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security and payments.</li> </ol>	<u>uments,</u> si	uch as promissory notes, pur	chase orders, inv	oices, itemized s	statements of
DOCUMENTS. If the documents are not available, explain. If the o			-		
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	e filing of y	your claim, enclose a stampe	d, self-addressed	envelope and o	opy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	n, prevailir	ng Pacific time, on Novemb	er 13, 2006		E FOR COURT ONLY
governmental units).					
BY MAIL TO: BMC Group BMC Group					
Attn: USACM Claims Docketing Center P. O. Box 911	Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center				
P. O. Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo, CA 90245					
DATE SIGN and print the name and title, if any, of the					
this claim (attach eepy of power of attor	ney, if any):	RIED RAKE	ER		

## Case 06x140765191W25-100c 8667613184501ereptile7/20/015/01:59536je Page 45 of 10

			OOF OF CLAIM		
Name of Debtor:  USA Commercia	! Mortgage Lompany	06-	mber: 10725 - LBR		
This form should not be used arising after the commencer	of Debtors and Case Numbers.  I to make a claim for an administrative expent of the case. A "request" for payment obe filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone clee has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Dina Ladd 355 mogul i Reno, NV 8			statement giving perticulars.  Check box if you have never received any notices from the bentruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTER ONE OF THE DE If you have air Bankruptcy Court	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT STORS. Ledy filed a proof of claim with the or BMC, you do not need to file again. E IS FOR COURT USE ONLY
	other number by which creditor identifies	debtor:	Check here replace or if this claim amen	a previously	filed claim deted:
1. BASIS FOR CLAIM Goods sold Services performed Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Wages, s   Last four	enefits as defined in 11 U.S. salaries, and compensation ( digits of your SS #: compensation for services pe	fill out below)	Unremitted principal Other ctaims against servicer (not for loan balances)
2. DATE DEBT WAS INCUR			OURT JUDGMENT, DATE O		(date) (date)
See reverse side for important UNSECURED NONPRIOR!  Check this box if: a) there is	•	your claim	SECURED CLAIM	our claim is secu	ne time case filed.  red by colleteral (including
UNSECURED PRIORITY C	AMA an unsecured claim, all or part of which is			Motor Vehicle	
Amount entitled to priority  . Specify the priority of the of	\$leim: ne under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	<b>_</b>	secured claim, if any:	\$	at time case filed included in
Wages, salaries, or commit before filing of the bankrup business, whichever is early	assions (up to \$10,000)*, earned within 180 days top petition or cessation of the debtor's ter - 11 U.S.C. § 507(a)(4).	, <u> </u>	Up to \$2,225° of deposits tose services for personal, family, of Taxes or penalties owed to go Other - Specify applicable par	or household use -1 wernmental units - 1 agraph of 11 U.S.C	1 U.S.C. § 507(a)(7). 11 U.S.C. § 507(a)(8). . § 507(a) ().
5. TOTAL AMOUNT OF CL		600	* Amounts are subject to adjust with respect to cases commen		
AT TIME CASE FILED:	(unsecured) udes interest or other charges in addition to the	•	ecured) amount of the claim. Attach ite	( priority) mized statement o	(Total) f all interest or additional charges.
7. SUPPORTING DOCUL running accounts, contrac DOCUMENTS. If the doc	of all payments on this claim has been creating the second of the second	uments, su agreements documents	ch as promissory notes, pure s, and evidence of perfection are voluminous, attach a sur	chase orders, inv of lien. DO NO mmary.	oices, itemized statements of T SEND ORIGINAL
The original of this com ACCEPTED) so that it is for each person or entit governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Doc P. O. Box 911 El Segundo, CA 90245-0	911	BY HAND ( BMC Ground Attn: USA 1330 East El Seguno	g Pacific time, on Novembers, joint ventures, trusts are OR OVERNIGHT DELIVERY TO UP CM Claims Docketing Center t Franklin Avenue to, CA 90245	er 13, 2006 nd :	THIS SPACE FOR COURT USE ONLY
DATE 12/23/06	SIGN and print the name and title, if any, of the this claim (lattach copy of power of game)	po creditor or mey, if erry):	omer person authorized to file	add	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AMD 3571

Case	≥ 06-10725-awz		tered 07/20/11 11:	59:32 Pac	<del>se 6 of 10</del>
UNITED STATE	NITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA			AIM IS SCHEDULED AS	
Name of Debtor		Case Number		Schedule/Claim ID s32575	
	Mortgage Company	06-107	725-LBR	Amount/Classific	ation
	nortgago company	55 15.	20 2011	\$4 079 74 Unsec	ured
This form should not be used arising after the commencem	t of Debtors and Case Numbers d to make a claim for an administrative ex nent of the case A request for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	Th	
Name of Creditor and STEPHEN & PATTRUST DATED 8	Address	001674	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	scheduled by the I you agree with the other claim agains this proof of claim If the amounts sh Uniquidated or I filed If you have air	cred above constitute your claim as Debtor or pursuant to a filed claim. If a amounts set forth herein and have no at the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent, Disputed, a proof of claim must be ready filed a proof of claim with the
Creditor Telephone Number	AS) 841-1000	<del></del>	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY	
	other number by which creditor identifies	debtor			
			Check here repla of this claim amer	<sub>r</sub> a previously	y filed claim dated
1 BASIS FOR CLAIM		Retiree I	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death Taxes	-	salaries, and compensation	(fill out below)	Other claims against servicer (not for loan balances)
Services performed			r digits of your SS #		(HOLIOI IOAH Dalahces)
oney loaned	Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCUR	BBED 12/24/05	3 IF C	OURT JUDGMENT, DATE (	ORTAINED	(date) (date)
	AIM Check the appropriate box or boxes that				e time case filed
See reverse side for important	1170 -1		SECURED CLAIM		
UNSECURED NONPRIORI		_		our claim is secu	red by collateral (including
	s no collateral or lien secunng your claim or b) y operty securing it or if c) none or only part of you		a right of setoff)		, , , , , , , , , , , , , , , , , , , ,
entitled to priority			Brief description of	f collateral	
Check this box if you have	_AIM an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e 🔲 Other
entitled to priority	an unsecured claim all of part of which is		Value of Collateral	\$	
Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the cla	aım		secured claim if any		
Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's  Wages salaries or commissions (up to \$10 000)* earned within 180 days services for personal family or household use 11 U S C § 507(a)(7)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)				• (//,/	
business whichever is earli			_		
Contributions to an employe	ee benefit plan 11 U S C § 507(a)(5)	<u>L</u>	Other Specify applicable para Amounts are subject to adjus		
			with respect to cases commen		
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	* <u>10 ( )                                  </u>		\$ _		\$ <u>4079 74</u>
Charletter have falcon well	(unsecured)		secured)	( pnority)	(Total)
	udes interest or other charges in addition to the				
7 SUPPORTING DOCUM running accounts contract	of all payments on this claim has been cre MENTS Attach copies of supporting docu- cts court judgments mortgages security cuments are not available explain. If the	<i>uments,</i> su agreemen	uch as promissory notes pur ts and evidence of perfection	chase orders inv	voices itemized statements of
ì	To receive an acknowledgment of the			<del>-</del>	d envelope and copy of this
ACCEPTED) so that it is for each person or entity	pleted proof of claim form must be ser actually received on or before 5 00 pm y (including individuals, partnerships,	ı, prevailii	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	,	FILED NOV 1 3 2006
Attn USACM Claims Doo P O Box 911	keting Center	Attn USACM Claims Docketing Center 1330 East Franklin Avenue		er	USA CMC
El Segundo CA 90245-09	911		t Franklin Avenue do CA 90245		
	SIGN and print the name and title (if)any of the	creditor or		1	1072501353
10/20/06	this claim (aftach corv of polyer of attorn	rey if any)	atrica Ibra	colo	
Penalty for presenting fraudulent	claim is a fine of up to \$500 000 or imprisonment	t for up to 5	years or both 18 USC §§ 15.	2 AND 3571	

UNITED STATES BANKAUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS	
Name of Debtor	Case Nu	ımber	Schedule/Claim ID s31776	
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification	
			\$1 699 89 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of	The amounts reflected above constitute your claim as	
Name of Creditor and Address  113212400  JOHN E MCKENNON AND SHARON M MCKENNON	002808	statement giving particulars  Check box if you have never received any notices	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.	
1017 LONG POINT RD GRASONVILLE MD 21638 1074		from the bankruptcy court or BMC Group in this case	If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed	
		Check box if this address differs from the address on the envelope sent to you by the court	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies	debtor		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account of other number by which creditor identifies	uebior	Check here replain or if this claim amer	a previously filed claim dated	
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries and compensation (	(fill out below) Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly)		compensation for services pe	rformed from to(date)	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and state the amou	nt of the claim at the time case filed	
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	_ <u>_</u>	our claim is secured by collateral (including	
exceeds the value of the property securing it or if c) none or only part of your claim is  a right of setoff)				
UNSECURED PRIORITY CLAIM				
Check this box if you have an unsecured claim all or part of which is		☐ Real Estate	Motor Vehicle	
entitled to prionty		Value of Collateral	\$ 	
Amount entitled to priority \$ Amount of arrearage and other charges at time case filed included in secured claim if any \$				
Dornestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)				
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)			vernmental units 11 U S C § 507(a)(8)	
Contributions to an employee henefit plan 11 U.S.C. & 507(a)(5)			graph of 11 U S C § 507(a) ()	
			tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$		\$	\$	
(unsecured)  Check this box if claim includes interest or other charges in addition to the		secured) amount of the claim Attach ite	(priority) (Total) mized statement of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS Attach copies of supporting doct running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	<i>uments,</i> su agreemen	uch as promissory notes pure ts and evidence of perfection	chase orders invoices itemized statements of not lien. DO NOT SEND ORIGINAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	ı, prevailii	ng Pacific time, on Novemb	per 13, 2006 USE ONLY	
governmental units) BY MAIL TO BMC Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group				
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245			r	
DATE , SIGN and print the name and title if any of the				
11/7/07 this claim (attach copy of power of attorn			USA CMC	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisenment	t for up to 5	years or both 18 USC §§ 15.		

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLA	AIM IS SCHEDULED AS	
Name of Debtor	Case Number				
USA Commercial Mortgage Company					
THE GARDENS, LLC TIMESHARE					
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address.  113212400  RICHARD A NIELSEN INC 1305 BONNIE COVE AVE GLENDORA, CA 91740-5204	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	scheduled by the D you agree with the a other claim against this proof of claim E if the amounts sho Unliquidated or Di filed If you have alre	ted above constitute your claim as ebtor or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be ady filed a proof of claim with the or BMC, you do not need to file again	
Creditor Telephone Number (62L) 335 - 8711		court.	THIS SPAC	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	r a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	Wages	salaries, and compensation	(fill out below)	Other claims against servicer (not for loan balances)	
Services performed Taxes		r digits of your SS #		(not for loan balances)	
Money loaned	Unpaid (	compensation for services pe	erformed from	to (date) (date)	
2 DATE DEBT WAS INCURRED 6 30 05	3 IF C	OURT JUDGMENT, DATE (	OBTAINED	(date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descn	be your claim and state the amou	int of the claim at the	time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it, or if c) none or only part of you entitled to priority	your claim ur claim is	Check this box if y a right of setoff) Brief description o		red by collateral (including	
UNSECURED PRIORITY CLAIM		Real Estate		Other	
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Value of Collatera			
Amount entitled to priority \$		ì		at time case filed included in	
Specify the priority of the claim		secured claim, if any	\$ 5,800,00	0000	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits tow	ard purchase lease	or rental of property or	
Wages salaries or commissions (up to \$10,000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	г	services for personal family of Taxes or penalties owed to go		* ***	
business, whichever is earlier - 11 U S C § 507(a)(4)	ř	Other - Specify applicable par			
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	-	* Amounts are subject to adju	stment on 4/1/07 and	d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	100 0	with respect to cases comme	nced on or aner the o	A	
AT TIME CASE FILED (unsecured)	•	900 00 \$ (secured)	( pnonty)	\$\00,000.00 (Total)	
Check this box if claim includes interest or other charges in addition to t					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pi for each person or entity (including individuals, partnerships,	m, prevail	ing Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY	
governmental units) BY MAIL TO BMC Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group					
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cent st Franklin Avenue	ter		
El Segundo CA 90245-0911	El Segur	ndo, CA 90245		1104 0110	
DATE SIGN and print the name and title if any, of the this claim (attach copy of power of attor		•	0 0	USA CMC	
10/21/06 Bechard R. Vielen	for 1.	Sechard a Vi	relizer, And	1072500678	

Doc 8672-3 Entered 07/20/11 11:59:32 Page 9 of 10 Case 06-10725-gwz PROOF OF CLAIM YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID Case Number Name of Debtor Amount/Classification ANJ FILED **USA Commercial Mortgage Company** 06-10725-LBR 2007 JAN 12 P 1 54 NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has arising after the commencement of the case A "request" for payment of an The amounts reflected above constituting our claim as scheduled by the Debtor or puriture; the filed claim if you agree with the amounts set forth herein, and have no filed a proof of claim relating administrative expense may be filed pursuant to 11 USC § 503 to your claim Attach copy of Name of Creditor and Address: statement giving particulars. 11321240000785 other claim against the Debtor, you do not need to file Check box if you have this proof of claim EXCEPT as stated below NANCY C SERINO IRA never received any notices 177 RAINBOW DR #7730 If the amounts shown above are listed as Contingent, from the bankruptcy court or Unliquidated or Disputed, a proof of claim must be **LIVINGSTON, TX 77399-0001** BMC Group in this case Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again. envelope sent to you by the court. THIS SPACE IS FOR COURT USE ONLY 1775-560-0908 Creditor Telephone Number ( Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claum 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages, salanes and compensation (fill out below) Services performed Taxes Last four digits of your SS # Other (describe briefly) Money loaned Unpaid compensation for services performed from \_ to \_ (date) 3 IF COURT JUDGMENT, DATE OBTAINED 2 DATE DEBT WAS INCURRED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM **UNSECURED NONPRIORITY CLAIM \$** Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225° of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C  $\S$  507(a)(4) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) ( \_\_ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM \$ 32 S*>*4 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) X Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO BMC Group **BMC** Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 1-12-07 NANCY C- SERING

Case ub-10725-gwz Doc 8672-	<u>3 Entered</u>	<u>U//2U/11 11:5</u>	9:32 Page 10 01 10
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Clarm ID s32208
USA Commercial Mortgage Company	06-10725-LE	BR	Amount/Classification \$0 00 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be tiled pursuant to 11 U S C § 503  Name of Creditor and Address  129244900  PATRICIA ANN WEBBER 9157-SHADOW SEEN WAY FORT MYERS FL 33913  Creditor Telephone Number (	of an aware to filed a property to your statement of the from the BMC G	eck box if you have eceived any notices e bankruptcy court or roup in this case	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.
Last four digits of account or other number by which creditor identifies			THIS SPACE IS FOR COURT USE ONLY
	Ched	k here replaces claim amen	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree benefits	as defined in 11 U S	C § 1114(a)
Goods sold Personal injury/wrongful death	Wages salaries	and compensation (	fill out below)
Services performed Taxes	Last four digits of	•	(not for loan balances)
Money loaned	Unpaid compens	sation for services pe	rformed from to (date) (date)
2 DATE DEBT WAS INCURRED		UDGMENT, DATE O	BTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describe your cl	aım and state the amour	nt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SI	CURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim r claim is	a right of setoff)	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_
Check this boy if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	Motor Vehicle U Other
Amount entitled to priority \$	Δ.		
Specify the priority of the claim	se	cured claim, if any	nd other charges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to 9	62 225* of deposits towar	rd purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_		household use 11 U S C § 507(a)(7) ernmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)			graph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Amot	ınts are subject to adjust	ment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	with re	spect to cases commend	red on or after the date of adjustment \$
AT TIME CASE FILED (unsecured)	(secured)	Ψ	( pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the		of the claim Attach iter	(,)
CREDITS The amount of all payments on this claim has been cred     SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts court judgments mortgages, security a DOCUMENTS If the documents are not available explain if the description of the proof of claim	dited and deducted ments, such as progreements, and e ocuments are volus filing of your claim	I for the purpose of momissory notes pure vidence of perfection iminous, attach a sur enclose a stamped	naking this proof of claim hase orders invoices, itemized statements of of lien DO NOT SEND ORIGINAL mmary d self addressed envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED)	by mail or hand	delivered (FAXES N	THIS SPACE FOR COURT
I SWO CHOLD	BMC Group	NIGHT DELIVERY TO	USA CMC 
P O Box 911	Attn USACM Clai 1330 East Franklii	ms Docketing Center n Avenue	JEW 1151 A 5 9007
El Segundo CA 90245-0911	El Segundo CA 9	0245	FILEU JUN 0 5 2007
SIGN and print the name and title if any of the this olar (attach copy of power of attorne)	creditor or other pers y if any)	on authorized to file	